

NOTICE OF CONTRACTING OPPORTUNITY
APPLICATION FOR NAVY CONTRACT POSITIONS
April 8, 2003

THIS IS NOT A CIVIL SERVICE POSITION

I. **IMPORTANT INFORMATION:** CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS **3:00 PM EDT** ON OR BEFORE **May 9, 2003**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 022S
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil. IN SUBJECT LINE PLEASE REFERENCE: Code 022S

A. NOTICE. This position is set aside for individual Dental Hygienists. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing dental services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS: DENTAL HYGIENIST. The Government is seeking to place under contract, an individual who holds a current, unrestricted license to practice as a dental hygienist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein; and, (2) competitively win this contract award. An Incentive Plan may be incorporated into the resulting contract award at a future date, to be bilaterally negotiated with you at the time the Incentive Plan is introduced.

The Government will assign you to a clinical location. Services shall be provided at one of the Branch Dental Clinics (BDCs) and Branch Dental Annexes under the auspices of the Naval Dental Center Mid-Atlantic, Norfolk, VA. These locations are

Branch Dental Clinic, Fleet Combat Training Center, Atlantic (Dam Neck)
Virginia Beach, Virginia

Branch Dental Clinic, Naval Air Station Oceana
Virginia Beach, Virginia

Branch Dental Clinic, Naval Amphibious Base Little Creek
Virginia Beach, Virginia

Branch Dental Clinic, Naval Station Norfolk
1647 Taussig Blvd., Norfolk, Virginia

Branch Dental Clinic Northwest, Naval Security Group Activity
Chesapeake, Virginia

Branch Dental Clinic, Newport News Shipyard (SUPSHIP)
Newport News, Virginia

Branch Dental Clinic, Norfolk Naval Shipyard (NNSY)
Portsmouth, Virginia

Branch Dental Clinic, Naval Weapons Station Yorktown
Yorktown, Virginia

You shall be on duty in the assigned clinical area for 40 hours service Monday through Friday each week; between the hours of 0600 and 1800. You shall normally provide services for a 9-hour period including an uncompensated 1-hour for meal break. Specific hours shall be scheduled 30 days in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other duties as a dental hygienist.

You shall accrue 4.6 hours of combined sick/annual leave at the end of every 80 hours worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. The Government will compensate you for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Government.

II. STATEMENT OF WORK

A. The use of "Commanding Officer" means the Commanding Officer, Naval Dental Center Mid-Atlantic, Norfolk, VA or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. You are serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against you based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

You shall be rendering personal services to the Government under this contract and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which you receive technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. DUTIES AND RESPONSIBILITIES.

1. GENERAL.

You shall perform a full range of dental hygiene duties, within the scope of this statement of work, on site using government furnished supplies, facilities and equipment within the assigned clinic of the Naval Dental Center Mid-Atlantic, Norfolk, VA. Workload occurs as a result of scheduled and unscheduled requirements for care. Your actual clinical performance will be a function of the Commanding Officer's credentialing process and the overall demand for dental hygiene services.

You shall be responsible for the delivery of treatment within the personnel and equipment capabilities of the Dental Treatment Facility (DTF), provision of mandated surveillance and preventive services, and the quality and timeliness of treatment records and reports required to document procedures performed and care provided.

You shall be subject to guidelines set forth in the Command's quality assurance and risk management instructions. You shall perform administrative duties that include maintaining statistical records of your clinical workload, participating in dental education programs, preparing documentation for boards, and participating in clinical staff quality assurance functions at the prerogative of the Commanding Officer, consistent with other dental hygienists providing the same level of care.

You will be evaluated annually on your performance and adherence to the requirements of your contract. However, the Government reserves the right to evaluate you semi-annually. Additional (i.e. special) evaluations may be performed to correct clinical or other performance deficiencies identified by the Government. The totality of scheduled performance evaluations, any special evaluations, memoranda of counseling sessions, and any other documentation generated by the Government will constitute your complete evaluation.

2. ADMINISTRATIVE AND TRAINING REQUIREMENTS.

You shall provide training and /or direction to supporting government employees assigned to you during the performance of clinical procedures. Such direction and interaction will comply with Government and professional clinical standards and accepted protocols.

You shall participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.

You shall participate in the provision of monthly inservice training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to dental care.

You shall attend annual renewal of Government-provided training requirements for family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety.

You shall participate in the implementation of the Command's Family Advocacy Program as directed.

You shall perform administrative functions such as serving on boards and committees and attending or providing continuing dental education.

You shall attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.

You shall obtain and maintain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. In the event you are otherwise qualified but do not possess or cannot maintain this certification and the Government elects to provide it, the Government reserves the right to deduct 4 hours of compensated service as consideration. Consideration will be based upon your hourly rate (the CLIN in Schedule B of the contract).

3. CLINICAL SERVICES:

Your clinical activity will be a function of the overall demand for hygienist services. Routine workload is scheduled by the treatment facility. Primary workload is a result of appointments generated by patient activity through the department or scheduled through the dental treatment facility. You shall have full responsibility for diagnostic examinations, the development of comprehensive treatment plans, and the delivery of treatment within the personnel, equipment, and supply capabilities of the facility. In addition, you shall have full responsibility for the quality and timeliness of the preparation of dental records and reports for procedures performed and care provided. Patients frequently have overlapping, multiple symptoms and often require multidiscipline, long-term treatment. You shall refer patients to staff specialists for consultative opinions and continuation of care and shall see the patients of other staff health care providers for consultation and treatment.

The work environment involves risks typically associated with the performance of clinical oral procedures. You may be exposed to contagious disease, infections and flying dental debris requiring the wearing of personal protection equipment such as scrub attire, gloves, masks, and eye protection.

Your actual clinical performance will be a function of the Commanding Officer's credentialing process and the overall demand for dental hygiene services. Your productivity is expected to be comparable with that of other dental hygienists assigned to the same facility and scope of practice. You shall perform clinical appointments and scheduled procedures including but not limited to

a. Providing oral prophylaxis, preventive dentistry procedures and non-surgical periodontal therapy to active duty military personnel and eligible beneficiaries, and

- b. Reviewing and completing preliminary dental examinations for new periodontal and recall patients including overseeing and managing periodontal patient recall programs, and
- c. Reviewing patient's medical and dental history for evidence of past and present conditions such as medical illnesses and use of drugs that may complicate or modify dental hygiene treatment, and
- d. Examining teeth and surrounding tissues for evidence of caries, periodontal disease and then record findings, and
- e. Inspecting head and neck, examining the mouth, throat and pharynx for evidence of disease such as oral cancer and/or soft tissue pathosis, and
- f. Exposing, developing and interpreting radiographs to identify tooth structure, periodontal support and other abnormalities such as periodontal bone loss, periapical pathosis, caries, defective restorations, improper tooth contours and contact relationships, and
- g. Referring suspected medical conditions, hard and soft tissue abnormalities, caries, periapical and periodontal pathosis and traumatic or suspicious lesions to the dental officer for evaluation, and
- h. Performing pit and fissure sealant applications, and
- i. Developing dental hygiene treatment plans for patients including assessment of the problem, type and extent of treatment required and sequence of appointments to complete treatments, and
- j. Performing complete oral prophylaxis and non-surgical periodontal treatment on ambulatory patients using ultrasonic and hand instruments, and
- k. Performing subgingival scaling, root planing and curettage under local anesthesia administered by dental officer, and
- l. Administering local infiltration anesthesia if the appropriate background training and credentials exist, and
- m. Treating acute necrotizing ulcerative gingivitis, and
- n. Polishing teeth and applying disclosing solutions, fluorides, desensitizing agents and other topical medications to the teeth for the purpose of controlling caries and dentinal hypersensitivity, and
- o. Cleaning and polishing removable dental appliances worn by patients, and
- p. Complying with applicable quality assurance standards for preventive dentistry, and
- q. Maintaining a record of patient treatment and number of patients treated, and
- r. Recording oral condition of teeth and supporting tissues, type of therapy provided and progress notes, and
- s. Cleaning and maintaining instruments and insure their sterility, and
- t. Cleaning and maintaining your work area to meet the clinic's standards.

Your productivity must meet the standards of the Bureau Of Medicine And Surgery's Navy Dentistry System Metrics clinical production requirements. These requirements can be found at https://bumed.med.navy.mil/denmetrics_summary/summary/dwvrdh_summary_disp.asp. You are directed to the metric for the Naval Dental Center Mid-Atlantic, in the column entitled, "UIC", using the column value "62753". These metrics are dynamic and variations are to be expected. However, the Government does not view these

variations as a change to the requirements contained herein. Productivity requirements will be apportioned for partial month or part-time service under the contract.

You shall become familiar with and follow both standardized Navy concepts of phased dentistry in a managed dental health care program and the Navy's standards for clinical dental care.

As directed by the Commanding Officer, you may be assigned other duties consistent with the normal duties of a dental hygienist including, but not limited to, participating in command quality improvement and assurance meetings, etc.

4. ORIENTATION. You shall undergo a one-day on-site orientation period. Orientation shall include familiarization with the facility, introduction to the Quality Improvement Program, introduction to Naval Dental Center Mid-Atlantic rules and regulations, introduction to military protocol such as military structure, time and rank, parking permits, infection control protocols and clarification of rights and responsibilities.

5. CREDENTIALING AND PRIVILEGING REQUIREMENTS. Upon award, you shall complete an IPF (Individual Professional File) prior to performance of services. The IPF, maintained at the DTF, contains specific information with regard to the qualifying educational degree(s) and professional licensure, past professional experience and performance, education and training, health status and competency as defined in BUMEDINST 6320.66c and subsequent revisions, and higher directives. A copy of this instruction may be obtained from the World Wide Web at <http://navymedicine.med.navy.mil/instructions/external/6320.66c.pdf>.

6. TRAINING AND PATIENT EDUCATION. You shall:

Instruct patients, individually and in group seminars, on proper oral hygiene using a variety of aids such as models of teeth, slides, toothbrushes, floss, disclosing tablets, mirrors, interproximal brushes and rubber tips, and

Plan and adapt oral home care techniques to the specific need of the individual patient, and

Explain causes of caries and periodontal disease to patients and the importance of nutrition in maintaining dental and systemic health, and

Monitor, supervise and assist in training dental technicians involved in direct patient care to perform scaling, prophylaxes, polishing procedures, fluoride applications and oral home care instructions.

III. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

Have a degree or certificate in dental hygiene from a school of dental hygiene approved by the Council on Dental Education of the American Dental Association (ADA), and

Hold a current, unrestricted license to practice dental hygiene in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands, and

Either (a), successfully complete at least 12 classroom hours of continuing dental hygiene education within the preceding 18 months which maintain skills and knowledge in dental hygiene and preventive dentistry, or (b) recent graduate from an ADA approved dental hygiene program within the preceding 12 months, and

Have experience as a Dental Hygienist of at least 12 months within the preceding 24 months, unless a recent graduate per the paragraph above, and

Be eligible for U.S. employment, and

Either (Select one)

Provide one letter of recommendation from a practicing dentist attesting to your clinical skills. The letter of

recommendation must include name, title, date of reference, phone number, address and signature of individual providing reference and must be written within the preceding 5 years. Recent graduates may provide a letter of recommendation from faculty where dental hygiene training was received. Additionally, provide 2 personal references to include address and phone number that we may contact.

OR

Provide three letters of recommendation from practicing dentists attesting to your clinical skills. Letters of recommendation must include name, title, date of reference, phone number, address and signature of individual providing reference and must be written within the preceding 5 years. Recent graduates may provide letters of recommendation from faculty where dental hygiene training was received, and

Represent an acceptable malpractice risk to the Navy, and

Submit a fair and reasonable price as determined by the Government prior to contract award.

IV. FACTORS TO BE USED IN A CONTRACT AWARD DECISION.

If you meet the minimum qualifications listed in the section above entitled, "Minimum Personnel Qualifications", you will be ranked against all other qualified candidates using:

Your experience and training as it relates to the duties contained herein, then

The letters of recommendation. Letters may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc., then,

Total Continuing Education hours, then

Infiltration Anesthesia certification (provide proof and expiration date), then

Additional Dental/Medical certifications, then

American Heart Association CPR Health Care Provider Course Certification, then

Your experience in military dentistry (Form DD214).

V. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit:

- A. _____ A completed, "Personal Qualifications Sheet – Dental Hygienist" (Attachment I*).
- B. _____ A completed Pricing Sheet (Attachment II).
- C. _____ Proof of employment eligibility (Attachment III).
- D. _____ The letters of recommendation
- E. _____ Central Contracting Registration Confirmation Sheet (Attachment IV)
- F. _____ Small Business Representation (Attachment V)

*Please answer every question on the " Personal Qualifications Sheet - Dental Hygienist". Mark "N/A" if the item is not applicable.

VI. OTHER INFORMATION FOR OFFERORS.

A. A handbook is available at http://www-nmlc.med.navy.mil/acquisitions/handbooks/ISA_Handbook.pdf. If there is a conflict between this document and the handbook, the requirements herein have precedence over the handbook.

B. After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate

your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, or (3) Send you a letter telling you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make a contract award from your application.

C. If you are the successful applicant, the Contracting Officer will mail to you a formal Government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

D. You will need to obtain a DUNS (Data Universal Numbering System) number. This number must be obtained prior to registering in the CCR database described below. This DUNS number is a unique, nine-character company identification number. Even though you are an individual and not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

E. As of June 1, 1998 you must be initially registered and maintain your registry in Central Contractor Registration (CCR) as a prerequisite to becoming a Department of Defense Contractor. You may register in CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment V to this application. The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for dental hygienist is 621210.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Center at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of this Notice of Contracting Opportunity. Any Contractor (including an individual) who is not registered in CCR will NOT be paid.

F. If you are awarded a contract, upon notification, you will be required to obtain a physical examination at your expense. A physician must complete the questions in the physical certification, provided with the contract. You will also be required to obtain the liability insurance specified in the Pricing Information. Before commencing work under your Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

G. A sample of a complete contract is available upon request.

H. All questions must be directed to E-mail at Acquisitions@nmlc.med.navy.mil , Subject Line: CODE 022S by fax at (301) 619-6793 or by telephone at (301) 619-2059.

We look forward to receiving your application.

ATTACHMENT I
PERSONAL QUALIFICATIONS SHEET - DENTAL HYGIENISTS

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. All the information you provide will be verified during the credentialing process. If you submit false information, either
 - (a) your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts, and/or
 - (b) you may lose your clinical privileges. If that occurs, an adverse credentialing action report will be forwarded to your State licensing bureau and the National Practitioners Databank.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam no more than 60 days prior to beginning work. This includes a record of required immunizations/tests. Maintaining current immunizations/test status is your responsibility. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a Government contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

(Signature)

(Date)mm/dd/yy)

5. Practice Information (Section H.7.1.3)

Yes No

1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)

____ ____

2. Have you ever been a defendant in a felony or misdemeanor case? Indicate final disposition of the case in comments)

____ ____

3. Has your license to practice or DEA certification ever been revoked or restricted in any state?

____ ____

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

ATTACHMENT I (Cont'd)
PERSONAL QUALIFICATIONS SHEET - DENTAL HYGIENISTS

I. General Information

Name: _____ SSN: _____

Last First Middle

Address: _____

Phone: (____) _____

II. Professional Education:

Degree or Certificate in Dental Hygiene from:

(Provide name of ADA accredited school and location) _____

Date of Degree: _____ (mm/dd/yy)

III. Professional Licensure/Certification, Dental HygieneCurrent, valid, and unrestricted License/Certification: _____ (mm/dd/yy)
State Expiration Date**IV. Continuing Education:**

Course Title	Course Dates	CE Hrs
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. BLS: American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardiopulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card: _____ Expiration Date: _____ (mm/dd/yy)

VI. Professional Employment: List your current and preceding employers for the past 3 years.**Name and Address of Present Employer** **From** **To**

(1) _____

Work performed:

From **To**

(2) _____

ATTACHMENT I (Cont'd)
PERSONAL QUALIFICATIONS SHEET - DENTAL HYGIENISTS

Work performed:

	<u>From</u>	<u>To</u>
(3) _____	_____	_____

Work performed:

Are you currently employed on a Navy contract? If so where is your current contract and what is the position and when does the contract expire? _____

VII. Employment Eligibility

Do you meet the requirements for U.S. Employment Eligibility contained in Attachment III? Yes No (Circle one)

VIII. Professional References

Select one:

Either

Provide one letter of recommendation from a practicing dentist attesting to your clinical skills. The letter of recommendation must include name, title, date of reference, phone number, address and signature of individual providing reference and must be written within the preceding 5 years. Recent graduates may provide a letter of recommendation from faculty where dental hygiene training was received. Additionally, provide 2 references to include address and phone number that we may contact.

or

Provide three letters of recommendation from practicing dentists attesting to your clinical skills. Letters of recommendation must include name, title, date of reference, phone number, address and signature of individual providing reference and must be written within the preceding 5 years. Recent graduates may provide letters of recommendation from faculty where dental hygiene training was received.

IX. Required Immunizations/Screening Tests

Hepatitis B Series Date(s) _____

PPD Date of last reading _____ Sero-converter? _____

ATTACHMENT I (Cont'd)
PERSONAL QUALIFICATIONS SHEET - DENTAL HYGIENISTS

X. Military Experience. Prior Military experience in a medical field may enhance your ranking. If you have prior military experience, provide a copy of your form DD214.

XI. Additional Information. Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

XII. I hereby certify the above information to be true and accurate:

(Signature)

(Date) (mm/dd/yy)

ATTACHMENT II

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 1 October 2003 through 30 September 2004. Four option periods will be included which will extend services through 30 September 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price should be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Dental Hygienists in the Norfolk, VA area.

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you propose for the base period will be added to the proposed price for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
01	The offeror agrees to perform, on behalf of the Government, the duties of one Dental Hygienist at the Naval Dental Center, Norfolk, VA in accordance with this application and the resulting contract.				
0001AA	Option Period I; 01 OCT 03 thru 30 SEP 04	2096	Hour	_____	_____
0001AB	Option Period II; 01 OCT 04 thru 30 SEP 05	2088	Hour	_____	_____
0001AC	Option Period III; 01 OCT 05 thru 30 SEP 06	2088	Hour	_____	_____
0001AD	Option Period IV; 01 OCT 06 thru 30 SEP 07	2080	Hour	_____	_____
0001AE	Option Period V; 01 OCT 07 thru 30 SEP 08	2096	Hour	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001				\$	_____

Printed Name _____ DUNS # _____

Signature _____ Date _____

Email Address _____

ATTACHMENT III**LISTS OF ACCEPTABLE DOCUMENTS****SUBMIT ONE FROM LIST A****LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**LIST B**

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
 2. ID card issued by federal, state or local government agencies of entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
 3. School ID card with a photograph
 4. Voter's registration card
 5. U.S. Military card or draft record
 6. Military dependant's ID Card
 7. U.S. Coast Guard Merchant Mariner Card
 8. Native American tribal document
 9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above;**
10. School record or report card
 11. Clinic, doctor, or hospital record
 12. Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

ATTACHMENT IV

CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.com> If you do not have internet access, please contact the CCR Registration Assistance Centers at 1-888-227-2423 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please include it with your application or mail or fax "**THIS COMPLETED CONFIRMATION SHEET**" to:

Naval Medical Logistics Command
ATTN: Code 022S
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Address: _____

Date CCR was submitted: _____

Assigned DUN & BRADSTREET #: _____

ATTACHMENT V

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals, as an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ The offeror represents for general statistical purposes that it is a woman-owned small business concern.
☐ The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined in 13 CFR 124.1002.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
☐ Hispanic American.
☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name Printed: _____

Offeror's Signature: _____

Date: _____